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CONFIRMATION NO. 8362

<b>SERIAL NUMBER</b> 10/697,711	<b>FILING OR 371(c) DATE</b> 10/30/2003 <b>RULE</b>	<b>CLASS</b> 128	<b>GROUP ART UNIT</b> 3743	<b>ATTORNEY DOCKET NO.</b> 2864.HERR.PT	
<b>APPLICANTS</b> Brieanna Herrick, Sandy, UT; Kent Herrick, Sandy, UT; Brent Herrick, Sandy, UT;					
<b>** CONTINUING DATA *****</b> <div style="float: right;">NONE ASL 7/31/06</div>					
<b>** FOREIGN APPLICATIONS *****</b> <div style="float: right;">NONE ASL 7/31/06</div>					
<b>IF REQUIRED, FOREIGN FILING LICENSE</b> <div style="float: right;"><b>** SMALL ENTITY **</b></div> <b>GRANTED ** 01/29/2004</b>					
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged <u>Examiner's Signature</u> <u>ASL</u> Initials		<b>STATE OR COUNTRY</b> UT	<b>SHEETS DRAWING</b> 5	<b>TOTAL CLAIMS</b> 20	<b>INDEPENDENT CLAIMS</b> 3
<b>ADDRESS</b> 26986					
<b>TITLE</b> Endotracheal tube holder with an adjacent feeding tube holder for neo-natal use					
<b>FILING FEE RECEIVED</b> 450	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		